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HARVARD MEDICAL ALUMNI BULLETIN



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Vol. 18. No. 2

January, 1944

This Bulletin may be mailed First Class for 9 cents to men who are in military service outside the country.

With a resistant sore throat, consider the possibility of agranulocytosis

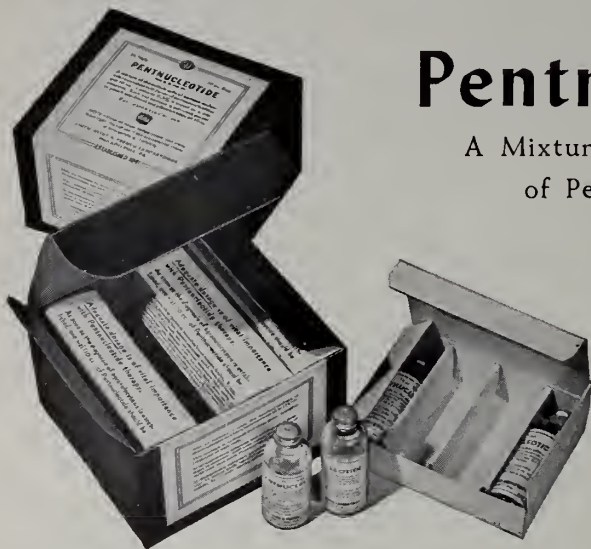
If a sore throat resists topical treatment for 48 hours or more, or if there are symptoms of high fever, malaise, ulceration of the mucous membranes, chills, headache or vomiting, the possibility of agranulocytosis cannot be excluded without an immediate blood examination.

In agranulocytosis, Pentnucleotide is a recognized therapy; but the importance of early treatment and adequate dosage (40 cc. daily* for at least four days), cannot be over-emphasized.

"At present it would appear that Pentnucleotide in doses of at least 40 cc. a day is the most promising form of specific therapy in this disease."

(Jackson, H., Jr. and Tighe, T. J. G.
—New Eng. J. Med., 220:729, 1939.)

*In divided doses—10 cc. 4 times daily



Pentnucleotide

A Mixture of the Sodium Salts
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SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

Established 1841—More than a century of service to the medical profession

**The rooster's legs
are straight.**



The boy's are not.

The rooster got plenty of vitamin D.

Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

One of the surest and easiest means of routinely administering vitamin D (and vitamin A) to children is MEAD'S OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL. Supplied in 10-cc. and 50-cc. bottles. Council Accepted. All Mead Products Are Council Accepted. Mead Johnson & Company, Evansville 21, Ind., U.S.A.



Harvard Medical School Navy V-12 Unit December 1943

NAVAL UNIT OF THE HARVARD MEDICAL SCHOOL

The three officers seated in the center of the front row are, left to right, Lt. Lewis W. Adams, Lt. Edward Hodnett and Lt. Frederick S. Whelton

The School at War

LIEUT. JOSEPH S. LICHTY, '33

On June 24, 1943, 175 Harvard Medical students assembled at the School, freshly back from their vacations. They entrained for Fort Devens and returned two days later to "Vanderbilt Barracks" as 175 privates of the United States Army. They were soon followed by an additional 150 of their colleagues so that the full Army unit answered reveille at 6:30 A.M. on June 28. On July 2, at Headquarters First Naval District, 165 of our students were called to active duty as apprentice seamen and assigned to work at the School. Thus we began the second semester of our 1943 academic year with a student body composed of the usual four classes divided into three groups—Army Navy, and civilian. With a few exceptions such as an officer of the Peruvian Air Force on detached duty, the civilian group consisted of men physically disqualified for service with our own armed forces, and of foreigners.

When Selective Service began to operate, the Army and Navy were faced with the decision of utilizing only those physicians obtainable from the existing supply in the country or of developing a method for protecting medical education and thereby producing a continuing supply of new medical officer material.

At first arrangements were made through Selective Service by which medical students were deferred as being in preparation for an occupation essential to the health and welfare of the nation. As time went on, and the United States entered the war, uneasiness on the part of

medical students in civilian clothes became evident. Many college men interested in medicine put aside their plans for medical education and joined Reserve Corps which presently were called to active duty. Some enlisted at once in combat duty. Soon the potential ability of the group continuing toward medical studies began to show evidence of decline.

Another embarrassment soon showed its head. It was charged that medical and pre-medical students were attempting to avoid war service. That this charge may have been true in rare instances was indicated by the pressure put on medical schools to have certain applicants accepted. In fact our own Admissions Committee questioned the motives of certain applicants to the March 1943 class and to the two classes to enter in 1944.

Finally, both Army and Navy determined that medical students deserved as much recognition by the services as did other students. Hence it was decided that they should be put in uniform on active duty and must not be asked to finance their training when this was being provided for men in all other lines; and that they must be inducted at the earliest possible moment to save the need of their later recruitment when civilian medical organizations might attempt to retain them as essential physicians.

In order to accomplish these ends both Army and Navy made contracts with medical schools to carry on an educational program. The essential provision of such contracts is that each school agrees to educate, according to its usual standards but on an accelerated schedule, a certain number of soldiers and sailors assigned to it. The primary aim is to have potential medical officers receive the best possible medical education. Each school has control of the subjects to be taught in

Editor's Note—Joseph S. Lichty, recently appointed the Assistant Dean of the Faculty of Medicine and Assistant Professor of Medical Administration, left early in November for Carlisle Barracks to start his service in the Army. Between drills and night marches he managed to find time to write this article for the BULLETIN, describing some of the complexities of the conversion of the Medical School to a wartime basis.

the curriculum, the academic demands made on each student's time, and the determination of standards for promotion and graduation. Each school reserves the latter right without question, and as evidence of good faith in this respect is the fact that one soldier was assigned to other duty than medicine within a week of our faculty's recommendation for his dismissal.

Each school is paid by the government the regular tuition fee for each student. Microscopes and an array of textbooks and clinical instruments are supplied to each student but their choice is on the recommendation of the School. The School purchases such books and instruments as are necessary and when they are issued the Army buys them from the school and assumes responsibility for their care. On the other hand, the Navy leaves title to the items with the School and holds it responsible for their collection and issuance. In both services the student keeps for the duration of his course all equipment furnished him.

There are minor differences between the contracts of the two services that are worth mentioning. The Army provides housing and maintenance for its students and rents facilities for these services from the school, while the Navy has put each of its students on commutation of quarters and ration, allowing them approximately \$2.75 a day to cover living expenses. The Army has contracted to have the Harvard Hygiene Department of the Medical School continue its responsibility for overseeing the students' health while the Navy conducts its own sick-call through a dispensary in Cambridge. The Navy gives its students almost entire freedom from any military duties whereas the Army does not.

The Army has developed a plan calling for sixty hours of work each term given to instruction in military subjects, so graded that during the three years of medical school life a student will have much of the basic training of the enlisted man and much of what is being taught at

the Medical Field Service School at Carlisle Barracks. Having the student live the life of a soldier is a definite part of the plan. The need for this regime is based on the fact that a physician in the Army is also an officer in command of troops. One of the Army's current problems is that of transforming a physician from civil life into a capable officer.

Harvard's contract with the Navy is essentially the same as naval contracts with other medical schools. Our Army contract, which is somewhat atypical, includes housing and messing. The Army had hoped to place all of its students under barracks' discipline but found that most medical schools had neither dormitories nor dining halls. The facilities of Vanderbilt Hall were obviously well adapted to such purposes. Thus, nowadays the entire north side of Vanderbilt Hall with its six floors has been assigned to the Army. In most of the rooms single beds have been replaced with double-deckers. At the foot of each hang gas masks and barracks bags. The men are responsible for the policing of their rooms and these are inspected frequently.

The Dining Hall has seen a great transformation. Gone are the small tables, the comfortable arm chairs and the obliging waitresses. The entire operation is on self-service. At the far end of the hall is a table extending the width of the room from which hot food is served in army dishes but on steel trays. New narrow tables with small chairs have increased the seating capacity to 300. Navy students and civilians may eat there on a weekly rate or buy individual meals. The food is excellent. Most of the men who eat there gain weight.

The rest of the School shows only minor changes. To ensure close coöperation between the School and the Army an office has been provided by the School on the first floor of Building "A" for the Army. In this office one now finds Major J. L. Rosengard as Company Commander and his staff of two sergeants and a corporal.

The new parking lot to the northeast of Vanderbilt Hall on Pasteur Avenue serves as a drill field. Each Friday the ever-inspiring spectacle of retreat is performed on the lawn in front of the School to the strains of martial music amplified from a portable phonograph. Once this sacred area had been desecrated by marching feet it soon became a touch football field, a purpose for which it is ideally suited.

The daily schedule of the Harvard Army medical students has now been revised and stabilized. Reveille sounds at 6:45 A.M. with formation by 7:00 A.M. This latter, which includes exercises and dismounted drill, is over by 7:30 A.M. After breakfast, sick call is held at 8:15 A.M. It is of interest that, under Army routine, the soldiers are gaining weight and the rate of minor illness seems to be definitely lower than in previous years. Medico-military classes are held at hours which do not interfere with regular medical work—late afternoons, evenings, and Saturday afternoon.

As for time off and passes, members of the Harvard Military have all the privileges that go with a Class "A" pass and, for distances greater than fifty miles, passes are granted on week-ends. Bed check occurs at 11:00 P.M. at Vanderbilt Hall.

Each man has a standing order to cut any formation in order to attend laboratory or clinical work which can only be performed at the same time. In such instances he is asked to explain his absence but his word is the only evidence required. Men on service in obstetrics miss as much as two full weeks of the program, and fourth-year clinical clerks also are irregular in their attendance.

One of the most striking changes brought about by having as students soldiers and sailors on active duty has been for the School to find that a large proportion of its student body is transformed from a state of impecuniousness to one of relative opulence. The accelerated program which had reduced the amount of time for outside work and which had in-

creased the frequency of term bills had forced an increasing number of students to undertake remunerative work while in school and to lean heavily on scholarship and loan funds. On becoming active members of the Army and Navy on Uncle Sam's payroll these men suddenly found themselves with a regular income and no living expenses. By order of both services, outside work of all sorts has been prohibited. Although this is a hardship to our affiliated hospitals in the way of blood donors and volunteer assistants, it is a boon to the students. Many now report that they are able to devote full time to their studies for the first time since entering the School.

One of the still unsettled features of the new program is the determination of the method for selecting new first-year men. Both Army and Navy contracts require the School to furnish instruction in medicine to the men assigned it. The Army reserves for its use 55% of the class and the Navy 25%, allowing the School to fill the remainder with men physically disqualified for military service and with foreigners. Up to the present time both Army and Navy have assigned as students only those who were already in attendance, and at first requested the School itself to fill the classes to enter in January and October, 1944, following the usual practice of selection from applications individually submitted. In July, however, the Navy suddenly asked the School to keep open all existing Navy vacancies in the October class and stated that the Navy would fill these later. The Army has stated that it will determine the constitution of its student body in the July 1945 class.

The final plans by which students in uniform will be selected in the future are not as yet specified. At present it is uncertain how much control the School will exercise in this respect. It is clear, however, that each service, in order to avoid the situation which exists in peace time and produces many more applicants than there are places in medical schools, is linking together the pre-medical and medical train-

ing program and permitting only a small number of students to be educated in pre-medical subjects that can be placed later in medical schools. Furthermore, both services are enlisting the aid of medical schools in selecting pre-medical students from candidates who enter special training units shortly after induction.

In all of the army and naval districts the services have asked that committees of deans be formed to help in the screening of applicants for "pre-medicine". Although the Harvard Medical School would prefer to delay consideration of an applicant until he has completed at least a year of college, the School has coöperated with the Army and Navy and has had a member of its Admissions Committee in attendance at every classification session in the New England area.

By having pre-medical students in part selected with the approval of medical school authorities, the services are assuming that each man who completes pre-medical work satisfactorily in any college will make an acceptable student in any medical school. So far they have been unwilling to recognize that differences in educational standards among approved schools exist or to admit the right of se-

lection of students by schools or the selection of schools by students.

The Association of American Medical Colleges has gone on record advocating that reciprocal choice of school by student and of student by school be allowed. It is to be hoped that some satisfactory arrangement along this line can be reached before it is time to appoint the members of the class which will enter in July, 1945.

As has been mentioned, the training program now in operation was designed primarily as a war emergency measure by which to furnish the Army and Navy a continuing supply of young medical officers. The plan has been established for too short a time to judge end-results. It will probably be followed, however, so long as the services need a supply of new medical officers every nine months. There has been no indication up to the present that the Medical Corps of either Army or Navy has approached its requirements nor is it known what the annual replacement needs will be. If the outcome of the war is immediate, the program may be abandoned on short notice. Until the war ends, it is reasonable to assume that the program as outlined will continue in about its present form.

“And for Right Ever Bravely to Live”

REGINALD FITZ, '09

Last winter, in January, a Valedictory Service was held in the Memorial Church—that austere Meeting House built in the Yard in grateful memory of Harvard men who died in the first World War. It was an especially solemn occasion for such parents as could attend, because the Church was largely filled with Harvard students, for the most part in uniform, and now expecting to give up their collegiate careers to enter military service.

Mr. Conant gave a stirring address. He reminded these soldiers and sailors that they were about to leave Harvard for war because their country needed them. He concluded his remarks with two sentences which have remained in my mind: he said that new knowledge would come to them by virtue of the sacrifices they would be asked to make; and that having been ready to run all risks for freedom they would comprehend it as those of us at home could not.

I have often thought of these sentences in connection with doctors who have entered military service. By the act of volunteering they have deliberately relinquished, at least temporarily, all that they hoped for in their profession and thus already have tasted a large measure of personal sacrifice; part of the new knowledge with which they will return when peace comes is bound to be a better understanding of what freedom means in terms of medical philosophy. Thus doctors in military service deserve particular respect.

Data are available in the Alumni Association and in the office of the Massachu-

setts Procurement and Assignment Service for Physicians from which to estimate the contribution to the war effort of 1718 graduates of the Harvard Medical School who happen to live in Massachusetts. In June 1940, these men, as might be expected, varied considerably in age and interests: fifty of them had graduated before 1890, were at least half a century out of medical school and were well past their seventieth birthday—a wonderful crowd of loyal alumni; 803 more had graduated between 1891-1920, which meant that they were too old for military service, except in rare instances, though they were actively engaged in medical work. There were 865 in the younger classes between 1921-1940 whom war would especially affect; some were already settled in professorial chairs, others were well-established consultants or busy practitioners; still others were reputed to be brilliant young investigators and teachers, climbing up the lower rungs of the academic ladder step by step; and a hundred or so were internes and residents at the very threshold of their careers, looking forward to a long hospital experience with which to acquire the best possible training.

Then came Pearl Harbor and the United States entered the war.

When this happened, I do not imagine that these 1718 doctors were different from any other equal-sized group of doctors from any medical school or from any part of the United States. They all wished to do their share in helping the country during the present emergency and I believe that the manner in which they are doing this gives a fair picture of what is going on all over the country.

This is a young man's war. Thus, of the 853 men who graduated before 1921, only 33 are in uniform. Almost all of these officers are more than fifty years old and in the main were selected from civilian life to fill some specific position vacancy in Army or Navy or Public Health

Editor's Note—Reginald Fitz, Assistant Dean of the Medical School and Vice President of the Harvard Medical Alumni Association, has been in charge of the Procurement and Assignment Service in Massachusetts since its inception. He has written this article for the BULLETIN, describing the part that Harvard graduates are playing in the war, both from the standpoint of an official of the Procurement and Assignment Board and an officer of the Alumni Association.

Service because of their reputation and demonstrated ability.

The 865 who graduated between 1921-1940 need to be studied in greater detail. In round numbers, they include 200 who are between thirty-nine and forty-five years old, still young enough to be eligible for military service, and over 600 still younger, eligible not only for military service but also young enough to fall within the jurisdiction of Selective Service.

The 200 older men were all so close to being forty-five—a deadline arbitrarily selected by the armed forces—that each one could properly feel, if he chose, that he was of no especial value as a medical officer and in all probability was more useful in civilian life; but if some agency wished to declare him essential and he disagreed, almost invariably arrangements were made by which he managed to have this ruling changed and off he went if his physical condition permitted. Thus, of these 200 men 48 obtained commissions.

About 80% of the younger men—those in the classes 1926-1940—were declared available and about 20% were declared essential. Of the 80% declared available, practically all applied for commissions but physical imperfections which did not permit military service were found in 17%. Such a rejection rate among doctors who apply for commissions is about standard.

A graph has been constructed which is designed to illustrate the manner in which the younger Harvard men of Massachusetts have responded class by class.

As can be seen, on the whole, older men have been retained as essential physicians and younger ones have gone into military service. Persons inclined to disparagement have suggested that too many young men are being declared essential by special interests and for selfish reasons. This thought is not borne out by the facts. The curve of essential men bears an almost direct ratio to age: older men are not considered available and only a few younger men are considered essential. The general trend of the curve is unmistakable.

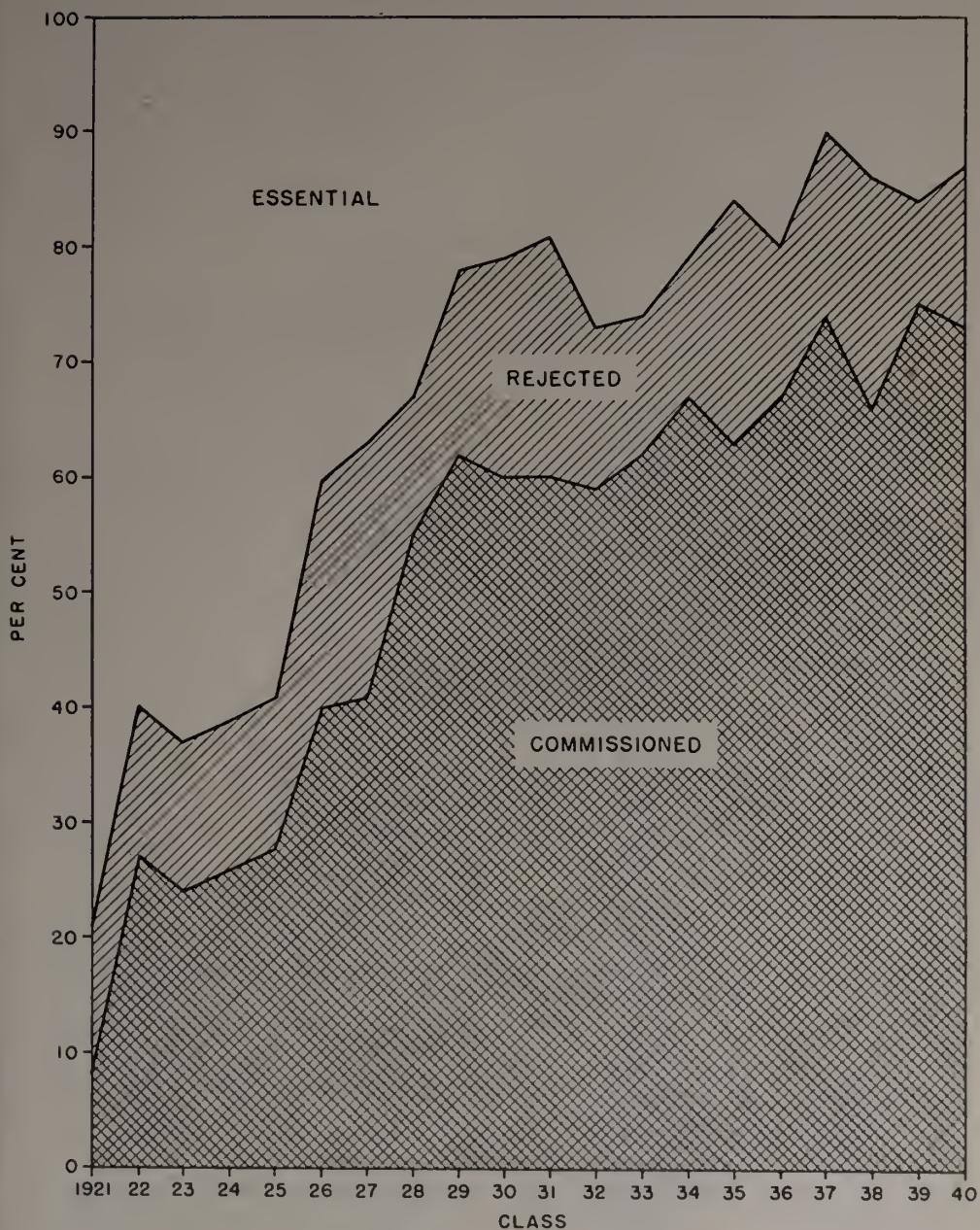
There are two important aspects of war as it affects medicine. About a quarter of all doctors in the country are now in military service. Judged by the Harvard figures, out of a group of competently trained young doctors—few over forty years old and the majority still younger—approximately two-thirds have been withdrawn from civilian practice. Many of the remaining third are of no use to civilian needs because they occupy full-time posts as teachers, public health officials, industrial physicians, or because they are engaged in war research under government contract.

If one regards these figures as typical, as they probably are, and projects them on a nation-wide basis, one realizes that the country is now trying the experiment of conducting its medical practice with a staff of only three-fourths normal size and with considerably less than a third of its normal complement of young men who are able to do emergency work, to attend to night calls without undue fatigue, and who are familiar with recent technical procedures which old hands find so difficult to master. Without question this may be a dangerous business, hazardous alike to the health of the public and to the health of physicians. The ultimate effect of this is not yet plain. As a straw thrown up into the air to see which way the wind is, however, the fact that considerably fewer Harvard Medical alumni have died during 1943 than during the preceding four years is interesting*. Osler's belief still seems to be correct: legitimate work does not cause ill-health of body or mind in doctors or medical students. It is that foul fiend Worry who is responsible for a large majority of the cases.

Another aspect of the problem deals with the future. Nowadays there is a good deal of discussion about socialized medicine. Older men are likely to be

*The office of the Alumni Directory reports the following deaths year by year of all Harvard M.D. degree holders: 1939, 74; 1940, 56; 1941, 71; 1942, 66; and in 1943 up to December 11, 32.

HARVARD MEDICAL SCHOOL ALUMNI IN MASSACHUSETTS



THE PROPORTION OF HARVARD MEDICAL ALUMNI IN MASSACHUSETTS CALLED
"ESSENTIAL" IN CLASSES 1921 THROUGH 1940.

hostile to the thought of too much governmental influence in medicine. It may be worth remembering that two-thirds of our young physicians who in a few years will be the leaders in forming medical opinion in this country are now engaged in a personal encounter with a completely socialized form of medical organization; and that each year several thousand more are being taught under what is practically a socialized form of medical education. These men will be the ones to listen to in planning wisely for the future. For they

will find out, through experience, whether a vast government-controlled medical machine seems to offer promise of bringing effective medical care to all of our people or whether private practice, as they knew it when they left it, is still the best means for accomplishing this end. When the days of peace return, full use must be made of the wisdom which our medical officers will acquire through the sacrifices they have made and of their comprehension of freedom which those of us at home have run no risks to attain.

Internships—Class of December 1943

<i>Name</i>	<i>Service</i>	<i>Hospital and Location</i>
Albert, Alexander	Medical	Beth Israel, Boston
Adams, William R.	Medical	University Hospitals, Cleveland
*Agee, Leon C.	Surgical	Jefferson, Roanoke, Va.
Alston, Edwin F.	Pathology	Massachusetts General, Boston
Arnault, Donald G.	Surgical	Boston City, Boston
Ashley, Thomas E.	Rotating	St. Louis Hospital, St. Louis, Mo.
Atkins, Robert W.	Surgical	Children's, Boston
Bagnall, Richard S.	Rotating	Hartford, Hartford, Conn.
Baxter, Cecil F.	Surgical	Massachusetts General, Boston
Berg, Robert L.	Medical	Massachusetts General, Boston
Bever, Christopher T.	Rotating	Hartford General, Hartford, Conn.
Black, Harrison	Rotating	Cincinnati General, Cincinnati
Black, Melvin B.	Medical	Beth Israel, Boston
Blake, William D.	Medical	Presbyterian, New York
Bouchelle, McLemore	Surgical	Presbyterian, New York
Brooks, John R.	Surgical	Roosevelt, New York
Brown, Robert H.	Surgical	Massachusetts General, Boston
Bryant, Thomson R., Jr.	Surgical	Presbyterian, New York
Bushueff, Boris P.	Surgical	Faulkner, Boston
Buxton, Bertram H., Jr.	Rotating	Rhode Island, Providence, R. I.
Campbell, James A.	Medical	Boston City, Boston
Cannon, Jack A.	Surgical	Massachusetts General, Boston
Clarke, James S.	Surgical	Univ. of Chicago Clinics, Chicago, Ill.
Clement, James D., Jr.	Surgical	Massachusetts General, Boston
Cobbey, Theodore S., Jr.	Pathology	Boston City, Boston
Collins, Harvey S.	Medical	Massachusetts General, Boston
Commons, Robert R.	Medical	Boston City, Boston
Cosgrove, Kevin M.	Medical	Bellevue (First Div.), New York
Dana, George W.	Rotating	University, Ann Arbor, Mich.
Daniels, Farrington, Jr.	Medical	New York, New York
Daughaday, William H.	Medical	Boston City, Boston
Deweese, Robert L.	Rotating	Pennsylvania, Philadelphia
Dexter, Chester J.	Surgical	Boston City, Boston
Dignam, William J.	Surgical	Boston City, Boston
Dixon, James P., Jr.	Medical	Boston City, Boston
Eckhardt, Richard D.	Medical	Boston City, Boston
Failey, Robert B., Jr.	Rotating	Indiana University Medical Center, Indianapolis

*Died Jan. 10, 1944 at Roanoke, Va.

Ferguson, Albert B., Jr.	Surgical	Children's, Boston
Ferris, Benjamin G., Jr.	Medical	Children's, Boston
Finley, John W.	Rotating	Hartford Hosp., Hartford, Conn.
Flipse, Martin E., Jr.	Medical	Boston City, Boston
Forsham, Peter H.	Medical	Peter Bent Brigham, Boston
French, Rowland B.	Surgical	Boston City, Boston
Fuller, Josiah	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Gardner, Lytt I.	Pediatrics	Massachusetts General, Boston
Garrett, Sam Y.	Rotating	U. S. Marine, Detroit, Mich.
Garrido-Lecca, Guillermo	Medical	Haynes Memorial, Boston
Gill, Benjamin F.	Medical	Peter Bent Brigham, Boston
Gibson, George C.	Surgical	Massachusetts General, Boston
Ginder, David R.	Rotating	Geisinger Memorial, Danville, Pa.
Glaser, Robert J.	Medical	Barnes, St. Louis, Mo.
Goldstein, Avram S.	Rotating	Mt. Sinai, New York
Goldthwait, Joel C.	Surgical	New York, New York
Hadley, Carmer	Rotating	Hartford, Hartford, Conn.
Hallowell, Phillips	Surgical	Children's, Boston
Harper, W. Henry	Surgical	Boston City, Boston
Harris, Henry W.	Medical	Boston City, Boston
Healey, Raymond F.	Medical	Peter Bent Brigham, Boston
Healey, Thomas V.	Surgical	Boston City, Boston
Heinicke, Horst J.	Otolaryngology	Mass. Eye & Ear, Boston
Henry, George W.	Rotating	Bryn Mawr, Bryn Mawr, Pa.
Holt, Brantley, Jr.	Rotating	Mary Imogene Bassett, Cooperstown, N. Y.
Hubbell, John P., Jr.	Pediatrics	Children's, Boston
Jaworski, Rudolf A.	Rotating	Rhode Island, Providence, R. I.
Johnson, Fenimore T.	Rotating	U. S. Marine, Baltimore, Md.
Jordan, William K.	Medical	Peter Bent Brigham, Boston
Judd, James M.	Surgical	Massachusetts General, Boston
Kaiser, Alfred J.	Rotating	Rhode Island General, Providence, R. I.
Kendall, Roy K.	Medical	Children's, Boston
Kenneally, Elmer V.	Rotating	Hartford, Hartford, Conn.
Koch, Henry J.	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Kurland, George S.	Medical	Beth Israel, Boston
Lane, Francis R.	Surgical	Boston City, Boston
Law, Lewis W.	Rotating	Ancker, St. Paul, Minn.
Ley, Albert P.	Rotating	Denver General, Denver, Colo.
Lineback, Merrill I.	Surgical	Boston City, Boston
Lloyd, John B.	Surgical	Massachusetts General, Boston
Loomis, Arthur H.	Rotating	Pennsylvania, Philadelphia, Pa.
Lovell, Charles V. duB.	Rotating	U. S. Naval
Lowry, Elmer F.	Surgical	Peter Bent Brigham, Boston
Lucas, John E.	Medical	Boston City, Boston
MacMurray, Frank G.	Medical	Johns Hopkins, Baltimore, Md.
McBurney, Robert P.	Surgical	Boston City, Boston
Madey, Stephen L.	Pediatrics	Massachusetts General, Boston
Metcalf, Paul B., Jr.	Rotating	Springfield, Springfield, Mass.
Meyer, Alphonse H., Jr.	Surgical	Barnes, St. Louis, Mo.
Mills, Lloyd, Jr.	Medical	Massachusetts General, Boston
Moreton, John R.	Surgical	Massachusetts General, Boston
Morrall, John F., Jr.	Rotating	Roper, Charleston, S. C.
Murphy, Thomas L.	Medical	Boston City, Boston
Murray, Joseph E.	Surgical	Peter Bent Brigham, Boston
Nemiah, John C.	Medical	Boston City, Boston
Peden, Joseph C., Jr.	Surgical	Barnes, St. Louis, Mo.
Peirce, Edmund C., 2d	Surgical	Peter Bent Brigham, Boston
Pepe, Enrico A.	Surgical	Boston City, Boston
Peterson, Edwin W.	Medical	Massachusetts General, Boston
Plachte, Frank L.	Pediatrics	Children's, Boston
Poutasse, Eugene F.	Surgical	Peter Bent Brigham, Boston

Pollock, William F.	Surgical	Univ. of California, San Francisco, Calif.
Ravven, Robert M.	{ Neurological Neurosurgical Medical	Boston City, Boston
Rice, Fred A.	Medical	Billings, Chicago, Ill.
Ridder, William	Rotating	U. S. Naval
Robins, Eli	Rotating	Mt. Sinai, New York
Rosenberg, Isadore N.	Medical	Boston City, Boston
Rosenberg, Sidney	Pediatrics	Babies, New York
Rydell, John R.	Surgical	Univ. of Minnesota, Minneapolis, Minn.
Scheinberg, Israel H.	Medical	Peter Bent Brigham, Boston
Schmidt, Winsor C.	Medical	Bellevue, New York
Sciarra, Daniel	{ Neurological Neurosurgical	Boston City, Boston
Searles, Harold F.	Medical	New York, New York
Shillingford, Jack P.	Medical	Presbyterian, New York
Sitterson, Beecher W.	Medical	Boston City, Boston
Southwick, Harry W.	Rotating	Presbyterian, Chicago, Ill.
Spangler, Arthur S.	Rotating	Univ. of Chicago Clinics, Chicago, Ill.
Stiles, David	Pediatrics	Babies, New York
Stimson, Allan B.	Medical	Children's, Boston
Taylor, Jack N.	Surgical	Boston City, Boston
Thompson, Frederick H.	Rotating	Grady Memorial, Atlanta, Ga.
Tobian, Louis, Jr.	Medical	Peter Bent Brigham, Boston
Trobaugh, Frank E., Jr.	Pathology	Boston City, Boston
Tuthill, John W. G.	Medical	Boston City, Boston
Vaughan, Robert	Surgical	Massachusetts General, Boston
Vaughan, Warren T., Jr.	Medical	Peter Bent Brigham, Boston
Waddell, William R.	Surgical	Massachusetts General, Boston
Walker, Phillip H.	Surgical	Peter Bent Brigham, Boston
Wang, Chiu-an	Surgical	Massachusetts General, Boston
Ward, Kenneth E.		
Watkins, Eugene L.	Surgical	Roosevelt, New York
Weber, Robert A.	Surgical	Boston City, Boston
Welch, Kenneth J.	Surgical	Children's, Boston
Weller, John M.	Medical	Peter Bent Brigham, Boston
Wellington, Mark S.	Medical	Evans Memorial, Boston
Winslow, John	Medical	New York Post Graduate, New York

★ *Military News* ★

The following list brings the Harvard Medical School graduates in the service up to 1438. The Alumni Office would appreciate additions or corrections.

1903

Comdr. Frederick J. Bailey, Navy, Receiving Station, Boston, Mass.

1906

Brig. Gen. Henry C. Pillsbury, Army, Thayer Gen. Hosp., Nashville, Tenn.

1908

Rear Admiral William L. Mann, Jr., Navy, Hq., 13th Naval Dist., Seattle, Wash.

1910

Col. Leeson O. Tarleton, Army, Station Hosp., Ft. Leonard Wood, Miss.

1914

Lt. Herbert R. Brown, Navy, Naval Hosp., Philadelphia, Penn.

1916

Major Andrew Nichols, 3d, Army, Ft. Rodman, New Bedford, Mass.

1921

Comdr. William N. Hughes, Navy, Navy 135, F.P.O., San Francisco, Calif.
Major Tracy B. Mallory, Army, 15th Gen. Med. Lab.,

1923

Comdr. Franklin G. Balch, Jr., Navy, Chelsea Naval Hospital, Chelsea, Mass.
Major Frank E. Fowler, Army, A.P.O. 562, New York City

1924

Lt. Comdr. Thomas H. Argue, Navy, Navy 116, F.P.O., New York City
Lt. Col. Edwin F. Cave, Army, A.P.O. 923, San Francisco, Calif.
Lt. Comdr. John T. Jenkin, Navy
Comdr. Roy H. Whitham, Navy, Naval Tr. Sta., Chicago, Ill.

1925

Major Maurice M. Pike, Army, Carlisle Barracks, Carlisle, Penn.

1926

Lt. Col. John L. Branch, Army, Army Air Center, Nashville, Tenn.



MAJOR CHARLES W. INGLE, JR., '29

Capt Wylie L. Collins, Army, Sta. Hosp., Ft. Screven, Ga.

Lt. Comdr. Stanley J. G. Nowak, Navy, Nat. Naval Med. Center, Washington, D. C.

Lt. Comdr. Francis J. Petrone, Navy, Naval Air Sta., Brunswick, Maine

1927

Major Richard Chute, Army, A.P.O. 700, New York City

Lt. Comdr. Samuel H. Epstein, Navy, U. S. Marine Hosp., Baltimore, Md.

Lt. Col. Gilles E. Horrocks, Army, A.P.O. 4936, San Francisco, Calif.

Lt. Col. George H. Houck, Army, Sta. Hosp., Santa Ana, Calif.

Lt. Comdr. Herman Norton, Navy, F.P.O., San Francisco, Calif.

Lt. Comdr. John W. Whitsett, Marine Corps Air Depot, San Diego, Calif.

1928

Lt. Comdr. Carl V. Bisgard, Navy, U. S. Naval Hosp., Farragut, Idaho

Capt. Leo R. Desmond, Army, 31st Gen. Hosp., Camp Carson, Colo.

Lt. Comdr. Hermann F. Engelbach, Navy, F.P.O., San Francisco, Calif.

Lt. Comdr. Louis E. Hathaway, Jr., Navy, Naval Hosp., Chelsea, Mass.

Major Clarence E. Snow, Army, De Witt Gen. Hosp., Auburn, Calif.

Lt. Comdr. Israel Steinberg, Navy, U. S. Naval Hosp., Corona, Calif.
Major John D. Stewart, Army, A.P.O. 534, New York City

1929

Major William G. Barrett, Army, A.A.F. Redistribution Sta., Santa Monica, Calif.
Lt. Comdr. Francis S. Bascom, Navy, Treasure Island, Calif.
Lt. Comdr. Thomas W. Dixon, Navy, U. S. Naval Hosp., Pleasanton, Calif.
Lt. Col. Gilbert T. Hyatt, Army, A.P.O. 9301, New York City
Lt. Comdr. Bernard M. Jacobson, Navy, F.P.O., San Francisco, Calif.
Lt. Col. Magnus I. Smedal, Army, A.P.O. 519, New York City
Lt. Comdr. John C. White, Navy, U. S. Naval Hosp., St. Albans, L. I.

1930

Lt. Col. Egbert M. Andrews, Army, Sta. Hosp., Drew Field, Tampa, Fla.
Major Clifford C. Franseen, Army, A.P.O. 9128, San Francisco, Calif.
Major John J. Poutas, Army, Hq. 4th Service Command, Atlanta, Ga.
Major Harold E. Pressey, Army, Barksdale Field, La.
Major David W. Wallwork, Army, Sta. Hosp., A.A.B. Municipal Airport, Memphis, Tenn.

1931

Major Henry J. Brock, Army, A.P.O. 464, New York City
Lt. Comdr. Raymond J. Connors, Navy, U. S. Naval Air Sta., Beaufort, S. C.
Capt. Theodore B. Massell, Army, Davis-Monthon Field, Tucson, Ariz.
Lt. Comdr. Gamber F. Tegtmeier, Navy, U.S.N.T.S., Great Lakes, Ill.
Comdr. John J. Wells, Navy, U.S.N.A.D., Hingham, Mass.

1932

Lt. Comdr. Joseph B. Doyle, Navy, U. S. Naval Hosp., Chelsea, Mass.
Capt. Joseph E. Hamilton, Army, Walter Reed Gen. Hosp., Washington, D. C.
Capt. Robert R. Impink, Army, A.P.O. 928, San Francisco, Calif.
Capt. Samuel R. Irvine, Army, Sta. Hosp., Hammer Field, Fresno, Calif.
Major Samuel Karlin, Army, Lawson Gen. Hosp., Atlanta, Ga.
Major Robert L. Patterson, Jr., Army, A.P.O. 647, New York City
Lt. Robert Sanderson, Army, Bureau of Medicine and Surgery, Washington, D. C.
Capt. Arthur A. Yengling, Army, Sta. Hosp., A.A.B., McCosh, Neb.

1933

Major George B. Beaman, Jr., Army, Jefferson Barracks, Mo.
Capt. Kenneth A. Brown, Army, Walter Reed Gen. Hosp., Washington, D. C.
Capt. John A. Degen, Jr., Army, A.P.O. 871, New York City
Lt. Joseph S. Lichty, Army, 8th Ser. Command, A. & N. Gen. Hosp., Hot Springs, Ark.
Lt. Francis J. McNamara, Navy, Naval Hosp., Chelsea, Mass.
Capt. Arnold F. E. Settlege, Army, A.P.O. 860, New York City
Lt. Daniel J. Sullivan, Navy, F.P.O., San Francisco, Calif.
Major Franklin J. Underwood, Army, A.P.O. 600, New York City
Major Leo Walzer, Army, A.P.O. 924, San Francisco, Calif.
Lt. John L. Ward, Army, District Med. Officer, Boston, Mass.

1934

Lt. George O. Bell, Army, A.P.O. 183, Los Angeles, Calif.
Major William F. Stanek, Jr., Army, Sta. Hosp., Camp Crowder, Mo.
Capt. Clarke Staples, Army, Selfridge Field, Mich.



MAJOR MERRILL MOORE (Faculty)



MAJOR MERRILL S. F. GREENE, '24

- Major James S. Stillman, Jr., Army, Pasadena Sta., Hosp., Pasadena, Calif.
 Major Howard I. Suby, Army, Sta. Hosp., S.A.A.A.B., Santa Ana, Calif.
 Capt. Jack W. Wolf, Army, A.P.O. 402, Nashville, Tenn.

1935

- Major James B. Campbell, Army, A.P.O. 923, San Francisco, Calif.
 Capt. David H. Clement, Army, A.P.O. 782, New York City
 Lt. William L. Cover, Navy, Naval Air Sta., Terminal Island, Calif.
 Lt. Maxon H. Eddy, Navy, Navy 143, F.P.O., San Francisco, Calif.
 Capt. Thorolf E. Gundersen, Army, A.P.O. 305, New York City
 Capt. Ralph R. Jardine, Army, A.P.O. 102, Camp Swift, Tex.
 Capt. Harold R. McKeen, Jr., Army, A.P.O. 502, San Francisco, Calif.

- Capt. Owen S. Ogden, Army, Fort Warren, Wyo.
 Major Cornilius Olcott, Jr., Army
 Capt. Warren I. Reinhardt, Army, A.P.O. 4, Ft. Jackson, S. C.
 Capt. Charles D. Roberts, Army, A.P.O. 302, New York City
 Lt. Gilmore W. Soule, Army, Carlisle Barracks, Carlisle, Penn.
 Lt. William F. Thornley, Army, 199 F.A. Bn., Bethany Beach, Del.
 Lt. Charles A. Wheeler, Army, Stark Gen. Hosp., Charleston, S. C.

1936

- Capt. Albert B. Anderson, Army, A.P.O. 644, New York City
 Capt. William H. Blodgett, Army, A.P.O. 647, New York City
 Capt. David Ennis, Army, A.P.O. 518, New York City
 Major James V. Freeman, Army, 48th Gen. Hosp., Memphis, Tenn.
 Lt. Clayton W. Nesbit, Navy, F.P.O., New York City
 Capt. Richard U. Peterson, Army, Schick Gen. Hosp., Clinton, Iowa
 Major John W. Regan, III, A.P.O. 430, New York City
 Lt. Comdr. Harald A. Smedal, Jr., Navy, F.P.O., New York City
 Capt. Vincent M. Whelan, Army, A.P.O. 9060, New York City
 Capt. Richard W. Zollinger, Army, Sta. Hosp., Truax Field, Madison, Wis.

1937

- Lt. Raymond C. Clapp, Army, Tarney Gen. Hosp., Palm Springs, Calif.
 Major Walter A. Compton, Army, Fitzsimons Hosp., Denver, Colo.
 Capt. Gerson J. Lesnick, Army, A.P.O. 763, New York City
 Capt. Robert W. Meyer, Army, Sta. Hosp., Greenville A.A.B., Greenville, S. C.
 Major Walker Stamps, Army, A.P.O. 183, Los Angeles, Calif.
 Capt. Robert D. Woolsey, Army, A.P.O. 421, New York City

1938

- Capt. Arthur L. Abrams, Army, A.P.O. 4927, San Francisco, Calif.
 Lt. Gardner G. Bassett, Army, A.A.B., Salt Lake City, Utah
 Lt. William B. Chamberlin, Jr., Army, A.P.O. 180, Los Angeles, Calif.
 Lt. John E. Dee, Army, Army Air Field, Presque Isle, Maine

Lt. (jg) John J. Foote, Navy, F.P.O., San Francisco, Calif.
 Capt. Philip V. Harrington, Army, A.P.O. 726, Seattle, Wash.
 Lt. Benjamin L. Huntington, Army, A.P.O. 4755, San Francisco, Calif.
 Capt. Robert F. Mabon, Army, A.P.O. 700, New York City
 Major Edgar B. Johnwick, Army, A.P.O. 394, New York City
 Lt. Dauchy Migel, Army, Tilton Gen. Hosp., Ft. Dix, New Jersey
 Lt. Comdr. Paul T. Moore, Navy, Naval Supply Depot, Williamsburg, Va.
 Major Ernest B. Oliver, Army, Sta. Hosp., A.A.B., New Orleans, La.
 Lt. Herbert S. Sise, Navy, F.P.O., San Francisco, Calif.
 Capt. Joseph E. Warren, Army, A.P.O. 472, New York City

1939

Capt. Eben Alexander, Jr., Army, McCann Gen. Hosp., Walla Walla, Wash.
 Capt. William C. Burrage, Army, A.P.O. 764, New York City
 Capt. William L. Cochran, Army, A.P.O. 508, New York City
 Major Dan M. Crozier, Army, A.P.O. 678, New York City
 Capt. James M. Geiger, Army, A.P.O. 4716, San Francisco, Calif.
 Capt. Paul H. Harwood, Jr., Army, Randolph Field, Texas
 Lt. Charles G. Jennings, Army, Sta. Hosp., A.A.B., Kearns, Utah
 Lt. Donald D. Matson, Army, Walter Reed Gen. Hosp., Washington, D. C.
 Lt. William M. McGaughey, Navy, U. S. Naval Hosp., Mare Island, Calif.
 Lt. Herbert F. R. Plass, Army, Randolph Field, Tex.
 Lt. Comdr. John F. Roach, Navy, Johns Hopkins, Baltimore, Md.
 Capt. Frederick P. Ross, Army, A.P.O. 923, San Francisco, Calif.
 Capt. Henry Swan, II, Army, Camp Bretner, N. C.
 Lt. Walter I. Tucker, Navy

1940

Capt. Franklin C. David, Army, 677 Bomb Sqa., Great Bend, Kan.
 Capt. Edward G. Deming, Army, A.P.O. 79, Los Angeles, Calif.
 Lt. Robert F. Farrington, Army, Potomac Barracks, Washington, D. C.
 Capt. Nicholas H. Holmes, Army, Truax Field, Madison, Wis.
 Capt. Alfred Kahn, Jr., Army, A.P.O. 763, New York City



CAPT. H. PRESTON PRICE, '37

Capt. Field C. Leonard, Army, A.P.O. 2, New York City
 Lt. (jg) Francis C. Robinson, Navy, A.B.D., Gulfport, Miss.
 Capt. Kenneth W. Sinish, Army, A.P.O. 183, Los Angeles, Calif.
 Lt. William A. White, Jr., Navy, U. S. Naval Med. Res. Inst., Bethesda, Md.

1941

Lt. (jg) Max G. Carter, Navy, Chelsea Naval Hosp., Chelsea, Mass.
 Lt. William P. Constable, Navy, F.P.O., San Francisco, Calif.
 Lt. Ward S. Fowler, Army, MacDill Field, Tampa, Fla.
 Lt. Wesley L. Furste, Army, A.P.O. 627, New York City
 Lt. Robert B. Hallborg, Navy, N.A.S., Richmond, Fla.
 Capt. Roderick Murray, Army, 6th Med. Lab., Ft. Sam Houston, Tex.
 Capt. Carl T. Nelson, Army
 Lt. (jg) Robert L. Ohler, Navy, F.P.O., San Francisco, Calif.
 Lt. (jg) Edgar M. Rector, Navy, U. S. Naval Training Sta., Great Lakes, Ill.
 Lt. Bertram Selverstone, Army, Camp Barkeley, Tex.
 Lt. (jg) William E. Sullens, Jr., Navy, F.P.O., San Francisco, Calif.

Lt. Karl K. Van Slyke, Army, A.P.O. 560, New York City

Capt. Malcolm S. M. Watts, Jr., Army, 213 A.A.A.(A.N.) Bn., Seattle, Wash.

Lt. Donald J. Winslow, Army, Ft. Custer, Mich.

1942

Lt. (jg) William J. Baker, Navy, San Diego, Calif.

Lt. Frederick S. Bigelow, Army, Camp Blanding, Fla.

Lt. Paul W. Bransford, Army, Recruiting Office, Huntington, W. Va.

Lt. (jg) Oscar D. Chrisman, Navy, F.P.O., New York City

Lt. Sidney Cobb, Army, Ft. Meade, Md.

Lt. (jg) Ellery T. Drake, Navy, Naval Disp. 720, F.P.O., New York City

Lt. (jg) Robert E. Eckel, Navy, F.P.O., New York City

Lt. Douglas A. Farmer, Army, Seymour Johnson Field, N. C.

Lt. (jg) Robert W. Gage, Navy, F.P.O., New York City

Lt. Abner Golden, Army, Grady Hosp., Atlanta, Ga.

Lt. (jg) William K. Hall, Navy, N.A.S., Olathe, Kan.

Lt. (jg) Lawrence E. Hinkle, Jr., Navy, U. S. Naval Med. Center, Bethesda, Md.

Lt. (jg) William S. Jordan, Navy, F.P.O., New York City

Lt. James E. Kreisle, Army, 664 T. D. Bn., South Camp Hood, Tex.

Lt. William M. McConahey, Jr., Army, Camp Carson, Colo.

Lt. William V. McDermott, Jr., Army, A.P.O. 507, New York City

Lt. John B. Millet, Army, 244 Sta. Hosp., Camp Shelby, Miss.

Lt. Charles J. Mock, Army, Percy Jones Gen. Hosp., Battle Creek, Mich.

Lt. Herbert R. Morgan, Army, Camp Detrick, Md.

Lt. (jg) Oglesby Paul, Navy, F.P.O., San Francisco, Calif.

Lt. (jg) Harold S. Robinson, Navy, F.P.O., San Francisco, Calif.

Lt. Ernest Sachs, Jr., Army, A.P.O. 4916, New York City

Lt. (jg) John Shoukimas, Navy, Navy Yard, New York City

Lt. Abbott Skinner, Army, Base Hosp., A.A.C., Nashville, Tenn.

Lt. (jg) James H. Strauch, Navy, overseas

Lt. (jg) Eugene A. White, Navy, Camp Bradford, Norfolk, Va.

Lt. Carrington Williams, Jr., Army, Sta. Hosp., A.A.B., Richmond, Va.

UNITED STATES PUBLIC HEALTH SERVICE

Surgeon John B. Alsever, '34

Asst. Surgeon Frederic C. Bartter, '40

Asst. Surgeon Bertrand E. Bennison, '41

Asst. Surgeon George W. Comstock, '41

Asst. Surgeon Edward P. Cutter, '38

Asst. Surgeon Bernard D. Davis, '40

Passed Asst. Surg. Thomas R. Dawber, '37

Senior Surgeon Warren P. Dearing, '31

Asst. to the Surg. Gen. Warren F. Draper, '10

Asst. Surgeon Franklin K. Fite, '40

Surgeon George L. Fite, '28

Passed Asst. Surg. David M. Gould, '39

Asst. Surgeon Robert S. Grier, '41

Passed Asst. Surg. Robert L. Griffith, '36

Asst. Surgeon Joseph E. Maurer, '43

Asst. Surgeon Albert I. Mandeloff, '42,

Surgeon Fred W. Morse, Jr., '24

Asst. Surgeon James L. Neller, '39

Surgeon Chris H. Neuswanger, '23

Surgeon Marion B. Noyes, '33

Asst. Surgeon Nicholas L. Santacross, Jr., '40

Surgeon Nathan Sidel, '23

Surgeon Fred A. Simmons, Jr., '33

Surgeon Lawrence H. Sophian, '25

Passed. Asst. Surg. Jerome T. Syverton, '31

Passed. Asst. Surg. Glenn S. Usher, '34

Passed Asst. Surg. Wesley Van Camp, '37

Senior Surgeon Milton V. Veldlee, '19

Surgeon Mast Wolfson, '20

As there seems to be considerable confusion as to the ranks in this service, we are publishing a list showing the comparable rank in the Army and Navy.

Public Health Service	Army	Navy
Assistant Surgeon	1st Lieut.	Lieut. (j.g.)
Passed Asst. Surg.	Captain	Lieut.
Surgeon	Major	Lt. Comdr.
Senior Surgen	Lieut. Col.	Commander
Medical Director	Colonel	Captain
Asst. Surgeon Gen.	Colonel	Captain
Asst. to Surg.Gen.(1)*	Brig. Gen.	Rr. Admiral (lower half)
Surgeon General (1)*	Major Gen.	Rr. Admiral (upper half)

(The Law [Act of Congress, April 9, 1930] relates the Public Health Service to the Medical Corps of the Army as to rates of pay, allowances, promotions, retirement, etc. Uniforms are as prescribed by the President.)

*There is only one Surgeon General and Assistant to the Surgeon General in this service.

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 Reginald Fitz, *Vice-president*
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 Franc D. Ingraham, *Treasurer*

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TREASURER'S APPEAL

At this time each year the Harvard Medical Alumni Association sends an appeal to each alumnus. The affairs of the Association are supported entirely by voluntary contributions. No financial aid is received from the Medical School.

The money from appeals is employed as follows: (1) for publishing the BULLETIN; (2) for support of the Alumni Office which keeps up-to-date files of alumni, helps arrangements for reunions and dinners, and does a multitude of varied work for alumni; (3) for support of a sick benefit fund of \$1500 for needy students faced with prolonged hospitalization; (4) for scholarships and fellowships and other aids. The Alumni Association maintains an efficient organization which stands ready to lend its support to the Harvard Medical School when need arises.

The BULLETIN is distributed free to the 5,000 alumni. It is reaching the men in the armed forces abroad. Because of the large amount of interesting war news now being published, it has been enlarged, and it is being made increasingly attractive. The BULLETIN is only partially supported

by advertising, and the costs of printing have risen.

Last year 1077 alumni contributed \$4,536.02 (about \$4.00 for each contribution). This represents only 21 per cent of the alumni. If all alumni contributed, the services of the Association would be correspondingly increased.

ANNUAL MEETING

The Annual Meeting and dinner of the Association will be held next June at Chicago during the Annual Session of the American Medical Association. The exact day of the meeting has not been settled but it will probably be the evening of Thursday, June 15, and will take place at the University Club, Chicago. Dr. Williard O. Thompson has been appointed Chairman of the local Committee of Arrangements, which will prepare a program. Advance notices of the meeting will be sent all alumni. A large gathering of men in and out of the armed forces is expected and representatives of the School will be present.

THOUGHTS CONTRIBUTED BY
HUGH STALKER, '24

Recently, I was privileged to read a large number of autographed letters written between 1880-1892. They were addressed to the Reverend Reuben Kidner of Boston and Ipswich from Phillips Brooks, the former Rector of Trinity Church, Boston and then, until his death in 1893, the Bishop of Massachusetts.

I was permitted to select those which interested me to add to a collection that eventually is to be given to Harvard University.

I chose one written from Berlin and dated September 9, 1882. In these days when the world at large has been made keenly aware of the peculiar psychology of the German mind, the following excerpt from this letter is most poignant, "—in Berlin—the people in the streets—are discussing whether the Jews have any right to live here and whether there ought

to be such a thing as property and whether there is a God."

Since the ascendancy of Hitler and ever since the last war, the general thinking of the masses has been done for them and regulated by a few brutal and sadistic megalomaniacs. Tolstoy in one of his twenty-three short stories told us that "What Men Live By" is *love*, while Doctor Richard Cabot exemplified the theme in his book of the same name and augmented it to "Work, Play, Love, and Worship."

Post-war phases of living are now receiving a very earnest consideration among thinking people.

Medical School Notes

In years past the month of January brought little of excitement or change to the Medical School. A new set of courses for the students, final examinations in Anatomy and Histology, or Physiology, were the landmarks of the New Year. The arrival of 1944, unlike its predecessors, has ushered out a class of students, has ushered in a new class, and in October will see the arrival of still another. This welter of commencings and commencements marks only one of the many aspects of the Medical School which has undergone sweeping changes traceable to the University's part in the war. Elsewhere, in this BULLETIN are described the graduate and undergraduate change-overs from white coat, office hours and Vanderbilt informality, to Khaki or Blue, sick call, bugle-music and barrack-room.

On December 22nd, 1943, Medical School became a thing of the past for 131 men, men who had converged on Shattuck Street from 31 States and 58 Colleges, as well as Universities in China and Peru. Coming from such varied backgrounds, the great majority of these men will dedicate the next years of their lives to only two institutions: The Army and the Navy.

Of the 131 men completing their course, 74 were commissioned First Lieutenants in the Army. Twenty-seven became Lieutenants (j.g.) in uniforms of Blue, and 30 of the young doctors went forth in the garb in which they came, as civilians. In addition, two Britishers who had studied at Harvard under special Rockefeller Foundation grants, completed their studies with the award of Rockefeller certifi-

cates. These envoys from our ally were Jack Shillingford of Potters Bar, Hertfordshire, and John Stowers of London.

The military ceremony attendant upon these commissionings was held in Vanderbilt Hall with the participation of many high-ranking officers of the two armed services, who not only lent considerable military dignity to the exercises, but also addressed the one hundred and one new Lieutenants. Major General Sherman Miles, Commanding General of the First Service Command represented the Army. Rear Admiral Robert A. Theobald, Commandant of the First Naval District and Rear Admiral Richard H. Laning, Medical Corps, First Naval District represented the Navy. The chief speaker, however, was an Associate Professor in uniform, Lieutenant-Colonel Herrman Blumgart, on leave of absence from the Department of Medicine and the Medical Service of the Beth Israel Hospital.

* * *

The admission of two new classes in 1944 to the Medical School presents interesting problems and perplexities. In the case of the Army students entering in June, 1945, the Medical School will no longer be able simply to pick the men it wants. Now, the wishes of the Procurement and Assignment Board and the special desires of the two Armed Services must be taken into account. The Council of our Association view this situation and its implications to Medical education throughout the country, with some alarm and action to be taken may be proposed at the next annual meeting of the Association.

Furthermore, the nature of the potential medical student is undergoing a gradual change as exemplified primarily by his change in age and change in pre-medical training. In 1940 the average age for admission was 21.7 years. By September of 1941 this had become 21.0. In March of 1943 the average figure was 20.6 years and by October 1944 when the second class of 1944 enters, the average will be 19.5 years. Perhaps more important than these facts, is the apparent loss of promising young men who prefer in these times to enter combat branches of the Army.

* * *

The lowering of age carries the additional corollary that a man in college must make up his mind by the time he is 18 years old that he wants medical training either in the A.S.T.P. or in V-12. This contrasts sharply with the situation of many years ago, exemplified in an anecdote which is told about one of the senior members of the Medical Faculty. He is said to have had difficulty in making up his mind as to whether or not he would attend medical school. Finally in the last week of his last summer vacation after his last year at college he decided to go to Medical School. He entered the first year

class four days later. In his case the decision was made at the age of 21 7/8.

* * *

In a future issue of the BULLETIN, Robert Morrison of the Committee on Admissions will elaborate on some of the interesting aspects of the wartime Admissions Committee. Another Committee, of which James H. Means is Chairman, is considering changes of curriculum. We understand that this Committee is at present engaged in the all-important question: What is the purpose of the teaching of medicine?

* * *

Not only are the medical students in uniform and many of the graduates at war, but also the Medical School provides a constant stream of members of its faculty to the Armed Services. To bring things up to date, a list of those members of the teaching staff of the Harvard Medical School who have left for military service since July 1, 1943 follows:

Howard E. Allen, Assistant in Medicine.

Henry K. Beecher, Henry Isaiah Door Professor of Research in Anesthesia.

Samuel H. Epstein, Assistant in Neurology.

Donald M. Ferry, Associate Professor of Biological Chemistry.

Clifford C. Franseen, Assistant in Surgery.

George E. Gardner, Assistant in Pediatrics.

T. Hale Ham, Assistant Professor of Medicine.

Lloyd E. Hawes, Assistant in Roentgenology.

J. Elliot Levi, Research Fellow in Medicine.

Joseph S. Lichty, Assistant Dean of the Faculty of Medicine and Assistant Professor of Medical Administration.

Stanley J. G. Nowak, Assistant Professor of Surgery.

V. Gerard Ryan, Assistant in Psychiatry.

John A. Sandmeyer, Instructor in Genito-Urinary Surgery.

Maurice B. Strauss, Associate in Medicine.

* * *

For many years the Clinical-Pathological Conference has flourished in these parts, both as an undergraduate and post-graduate teaching medium and as a means of bringing to the read-

ers of journals, far from teaching centers, some informally conducted case-discussions by outstanding men in the Medical School. In such a setting the mere medical student has often found himself relegated to the back row, "standing-room-only", or "sold out" category of spectator.

George Thorne, at the Brigham, has changed all this. He now has a fourth year student conduct the differential diagnosis while his classmates, situated, we might add, in the front row, carry out the discussion.

The first of these conferences, to be held once for each new group of students at the hospital, was held in December. The case Protocol was published in mid-week, as usual, and the Brigham section in fourth-year medicine, a group of ten or twelve men, was given the case to study.

Came Monday noon. From a lottery the name of the main discussor was selected. Previously forewarned only as a member of the section, George C. Gibson, whose name was picked out of the hat, then took up the case and discussed it in detail. His classmates in the front row, and the Medical Staff (also present), when he was finished, added their ideas and queried him on his reasoning. The case was one of a patient with heart disease, pulmonary edema, and fever. The pathologist, in his familiar role as the man who gets in the last word, then outlined the autopsy findings. They included, as cause of part of the pulmonary picture and fever, active pulmonary tuberculosis. This diagnosis was missed by the clinicians, by the fourth-year men, but also by the Staff men present at the meeting. So one certainly cannot say the students' batting is any worse than their seniors on the Staff.

As Dr. Thorne points out, the whole venture was so successful that it will be repeated often in the future. The students enjoyed the spotlight, and worked harder on the case than on any other they had been given to study. Into the bargain, the case was picked to teach them the lesson that undiagnosed active pulmonary tuberculosis is an ever-present menace to those individuals foolish enough to select medicine as a career, a menace in more senses than one.

BOOK REVIEW

BORDERLANDS OF PSYCHIATRY by Stanley Cobb, M.D. '14. 164 pages, Cambridge: Harvard University Press, 1943. \$2.50.

In a series of nine critical essays Stanley Cobb has, in a brisk, colorful and witty manner, given his views on important current problems. The character and personality of the author give to the book a fervent earnestness which is at times extremely moving. Certain themes characterize the book as they do the teaching of Dr. Cobb; there are pleas for tolerance, pluralism of viewpoint and approach, a yearning for co-operation between different branches of science and a cry for more data, more research. There is an emphasis upon eclecticism, the breakdown of barriers, a scorn of the departmentalism of interest and subject matter which is born of administrative detail. It is a well-written book and beautifully prepared by the Harvard University Press. There are no superfluous words although one doubts the wisdom of asking certain questions that Dr. Cobb courageously poses. The author's favorite literary device, the play on words, gives pungency to the text.

In his first chapter about body and mind the author presents the history of a young man who developed mucous colitis in a setting of rebellion against a domineering mother. In the patient's own words her endless scoldings "griped him like hell." These case notes illustrate the author's stylistic punch as in the ending, "the boy had nerve enough to oppose a domineering mother but didn't have the guts to see it through without medical help". This chapter includes a number of other telling case histories illustrating illness associated with various life crises and untoward reactions. "In the first case bigamy, guilt, fear and suicidal fantasies were followed by arterial spasm in the hands and necrosis of the finger tips. Case number three is a long story of slums, pregnancies, fatigue and sorrow leading to alcohol, deficient diet and pellagra. The fourth case recounts how a girl became (literally) disgusted, dieted to stay boyish, permanently injured her endocrine glands and died of inanition. The last case briefly reports how a girl was almost drowned, said she was twice raped, took to panting as an expression of fear, developed severe tetany and was cured by suggestion.

"Each history is a sequence of human events affecting the social, psychological, physiological and medical aspects of the patient's life. Even the surgeon and the undertaker are called in, but the geneticist and psychologist would seem to have good ideas as to what started the ball rolling down hill. In fact, I confidently challenge any believer in dichotomies to draw the line between "mental and physical," "functional

and organic" manifestations in any of these cases. It cannot be done because there is no such line."

"I solve the 'Mind-Body' problem, therefore, by stating that there is no such problem. The dichotomy is an artefact; there is no truth in it, and the discussion has no place in science in 1943. Metaphysicians can argue the problem ad nauseum, and their nausea will be the proof of their futility."

Chapter Two concerns the parallel evolution of speech, vision and intellect. Here, Dr. Cobb derives satisfaction from the concept that the superiority of man springs from the manner of his evolution. Man did not specialize on any one or two sense organs and develop them to a high degree at the expense of any other. Dr. Cobb points out that the development of association areas in the brain is explained by the lack of domination of any one or two senses, by the evenness of development and the balance of senses and motor output. He believes, however, that there is one respect in which man specializes: he has a leading hemisphere and this means a leading hand. He points out that about seventy-five per cent of all persons are right-handed. The liberation of hands and the forward migration of the eyes made possible the cooperation of hands and eyes in exploration, accurate observation and manual skill.

In Chapter Three speech and language defects are presented. Dr. Cobb uses language function as a model to demonstrate the nature of integrated function in man. In stepwise fashion, he describes the levels of integration from the simple bulbar level to the elaborate symbolic level for which cerebral cortex is essential. He then returns to his conception of the importance of having one cerebral hemisphere clearly dominant. In discussing stammering he postulates failure of hemispheric dominance as the underlying defect which makes some individuals under stress more likely to stammer than others.

Chapter Four deals with the function of the frontal areas of the human brain. This is an outstanding piece of scholarly formulation. Irrelevancies are swept aside with heroic impatience and those matters that count, are crisply stated. This chapter truly has a moving quality. Dr. Cobb points out that damage to any large part of the brain results in general restriction of responsiveness to psychological stimuli. Defects are slightly more marked when frontal areas are involved. These generalizations explain the "dull look" of persons with brain tumors. After carefully analyzing all the literatures and especially the results of the more recent work on pre-frontal lobotomies, Dr. Cobb epitomizes the matter by saying that after the loss of the frontal lobes, especially after bilateral lesions, we are confronted by a patient with increased appetite

and weight, who appears lazy, tactless, and a little silly. He doubts, however, the existence of special functions in the frontal lobes. He points out that planning, looking ahead, and imagination require no new mechanisms, only an extension of association areas.

He rightfully ends the chapter, which as I have said before is the outstanding essay of the book, by saying: "From the standpoint of therapy, radical excision of parts of the brain to relieve mental symptoms calls for careful consideration. Is the surgeon justified in depriving a patient of the most important part of his intellect in order to relieve him of emotional troubles? In the results as interpreted by the "psychosurgeons" themselves, it is seen that they usually leave the patient lazy and indiscriminating. In other words, they often take away the highest integration ("conscience" or "super-ego", perhaps) in order to make the patient happier. In my opinion this is a justifiable procedure only when the patient is old and the prognosis hopeless. Specifically, I can only recommend the operation in cases of prolonged, agitated depression over sixty years of age, or in rare instances in younger patients who show mental deterioration and neurological and electroencephalographic evidence of cerebral degeneration."

Chapter Five deals with the anatomical basis of emotions. Here, the author reviews evidence about the hypothalamus. He points out first of all its nearness to the smell-brain, which explains why "smells are surer than sounds or sight to make your heart-strings crack." He cites as further evidence of the closeness of the smell function and the hypothalamus, the association between odors and mating reactions, "The turbinates in the nose and the areolae of the breasts have erectile tissue that responds to erotic stimulation as well as that in the genital organs." An interesting comparison is drawn between the "warmth", vasodilatation and salivation associated with love-making, mating, sexual acts and care of the young in contrast to the cold sweat, pallor and dry mouth of fear and rage.

In a masterful way he manages a large body of data and ends by concluding that the hypothalamus is not the "center of emotion" of primitive feelings or feelings of any kind. He looks upon it as a motor way-station where emotional expression is integrated into behavior patterns on its way out to muscles and glands. Feeling, the essence of emotion, must have its genesis elsewhere. There is good evidence that this takes place in a rudimentary way in the thalamus of man and in a much more discriminating way in the cerebral cortex.

Chapter Six deals with consciousness. Here, the author hopes to advance by defining the word "consciousness". This, in the reviewer's opinion, is almost better left untouched. In his introduction to his monograph on pain, Lewis

skillfully tells why definitions of "feeling states" are best avoided: "Reflections tells me that I am so far from being able satisfactorily to define pain, of which I write, that the attempt could serve no useful purpose. Pain, like similar subjective things, is known to us by experience and described by illustration. To build up a definition in words or to substitute some phrase would carry neither the reader nor myself further." However, the chapter is entertaining and what is known about consciousness and sleep is rightly put together. Dr. Cobb ends by saying: "My guess just now is that consciousness will sooner or later be described in terms of electronic activity." The reviewer's belief is that the translation of a feeling state into physical or electronic terms gains us little.

Chapter Seven is about fits. Here a dynamic and hopeful viewpoint is expressed. Dr. Cobb is of the opinion that the difference between "symptomatic" and "idiopathic" epilepsy cannot be maintained since in both there is an underlying fit potentiality as evidenced by an abnormal electroencephalogram, but that in the one case the potentiality has been unleashed by tumor and in the other by some microscopic, or chemical, and therefore less perceptible, change. In all, the role of the physician is to develop an internal and external environment that will prevent the tragic explosion.

Chapter Eight is an over-all statement about the psychoneuroses. Here, the author has an exhilarating experience sweeping away barriers, academic divisions, administrative oversimplifications and prejudices. He summarizes his argument by saying that complexity of the subject calls for a pluralistic approach to the problem. He emphasizes, however, that it has been shown that persuasion, suggestion and discussion can radically improve a patient's behavior. Thus, while we wait for the ultimate formulation of the difference between those who are neurotic and those who are not, much can be done.

The ninth and last chapter brings the book back to the theme on which it began, psychosomatics. Here, in lively, stirring, provocative manner the author reminds us that we have adopted a new name for an old trouble. He points out that "psychosomatics is by its etymology a liaison field between neurology, psychiatry and medicine." Dr. Cobb and the reviewer agree that the pioneer work of "directing attention" is now done and that careful work concerning the varieties of tissue change that can occur in man during adverse conditions and untoward reactions and attitudes must follow.

In all, this is an excellent collection of essays addressed to a wide audience. Perhaps those who have to do with teaching medicine will find it most helpful,—and what physician has not to do with teaching medicine?

HAROLD G. WOLFF, M.D.

News from the Front

To the Editor:

Some time ago you inquired about my status in the Service.

I was called from the Reserve to Active Duty December 29, 1941, and was stationed in Brooklyn for 19 months. While there, I had charge of the Department of G-U Surgery. In August of this year (1943) I was assigned to duty in the Pacific War Zone where I am now stationed and am having a most interesting time. I expect still more interesting times in the future.

COMDR. FRANCIS P. TWINEM, '25.

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Dear Mrs. Wilson:

The October ALUMNI BULLETIN arrived a few days ago and was enjoyable reading.

After internship and residency at Worcester City Hospital, I reported for active duty at Newport Naval Training Station on July 1. Miss Ruth Walker Craig of Beaver, Penna., and I were married on September 14, the day after my orders for duty with the 133rd Naval Construction Battalion were received. At the present time the battalion is training for foreign duty.

I'm hoping that copies of the BULLETIN will continue to reach me.

LT. (J.G.) F. CLAY ROBINSON, '40.

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Dear Mrs. Wilson:

I have just received the October issue of the HARVARD MEDICAL ALUMNI BULLETIN which was forwarded to me here and wish to express my appreciation. I always enjoy reading the BULLETIN, hearing the news about the School and the whereabouts of the men I knew there. I have been at the Station Hospital here for some time, and am doing x-ray work. This is an isolated spot and life here is rather rough. I haven't met anyone from the School in this part of the world as yet.

With all best wishes for the continued success of the BULLETIN.

CAPT. PHILIP V. HARRINGTON, '38.

To the Editor:

I have enjoyed receiving the ALUMNI BULLETIN while being in the Service and the news concerning the brother alumni has been a great pleasure. I desire to make sure that my name is still on the mailing list and to have the BULLETIN sent to my home address, 3778 Montevallo Road, Birmingham, Alabama. It has been sent to this address previously and has been forwarded to me in various locations in a very satisfactory manner.

I was in the Class of '38 and have been in the Service since the latter part of 1940 after finishing at the Boston Lying-in. I am the Flight Surgeon here at the Army Base and have become quite interested in aviation medicine as well as flying, both of which I have seen a lot of in the past twenty months. My family is with me here in New Orleans and we now have two daughters and all are well and healthy.

I look forward to the BULLETIN and am going to do my best to see that it follows me wherever I might go.

MAJOR ERNEST B. OLIVER, '38.

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To the Editor:

In as much as I seem to move frequently in this man's Army, I am requesting that you send my BULLETIN to my home address, 1020 Linwood Avenue, Columbus, Ohio, and it can then be forwarded from there.

Mrs. Smith and I are the proud parents of a baby boy, born July 1, and weighing 7 lbs. 12 oz. Both are doing fine—the boy weighs over 10 lbs. now.

On July 12 I started the six weeks course in Aviation Medicine at Randolph Field and enjoyed it tremendously. I am now in a pool awaiting orders for a Flight Surgeon's assignment, I hope. My promotion came through August 5.

Raymond Latham, '40, was a classmate at Randolph.

CAPT. STEWARD H. SMITH, '39.

To the Editor:

The Association of Military Surgeons of the United States held its Fifty-first Annual Convention at the Bellevue-Stratford Hotel, Philadelphia, Pa., on October 21, 22, and 23. The meeting this year was made a Symposium on War Medicine, where advances and developments in Military Medicine and Naval Medicine were freely discussed.

The President of the Association was Rear Admiral William L. Mann, M.C., U. S. Navy, Harvard Medical School, '08. At the conclusion of this Convention, he was relieved by Colonel Lucius A. Salisbury, M.C., N.Y.N.G., who is also a Harvard Medical School graduate of 1908. Another member of this Harvard Medical School class was Professor L. H. Newburgh, who was present and delivered a paper to the assembly.

REAR ADMIRAL WILLIAM L. MANN, '08.

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To the Editor:

Have just returned from a year in the Middle East—North African Theatre serving as Flight Surgeon with both Fighter and Bomber squadrons. The Fighter squadron was one in the famous 57 Fighter Group which accompanied the British Eighth Army from El Alamein to Italy. The Bomber Squadron was a B-24 outfit which is now plastering the Jerries in Europe.

It was a great experience, although in ways other than medical. I feel more qualified as a flier than doctor now. Perhaps H.M.S. will give kindergarten courses to such as I when the war is over.

In January, 1943 I'm going to Randolph Field for further training in Aviation Medicine. That's a lucky break since, if it weren't for that appointment, I'd be eating "C" rations for Christmas in the mud and snows of Italy.

CAPT. PAUL H. HARWOOD, '39.

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Dear Mrs. Wilson:

Just a line to let you know that I received the ALUMNI BULLETIN in due time via Needham and Philadelphia. For the

information of the office, Mrs. Robert W. Gage is not my mother, but my newly-acquired wife! The error is a minor one which is frequently made, and to which we are all accustomed by now. In the future, however, I shall receive issues of the BULLETIN much more rapidly if sent to 1001 Pine Street, Philadelphia, or directly to the ship where I shall in all probability be for another year at least.

As you see, I'm attached to the mighty U.S.S. ALTAIR as junior medical officer. Unfortunately we're not at liberty to tell much about what we do, but I can assure you that the job is a good one—much more profitable than is that of many of my colleagues. The main trouble is that it is a bit static—we have so far seen a *very* limited portion of the famed Navy world.

Several of the Harvard '42 boys have been by in recent weeks. Among them have been Tom Duncan, Bill Ayers, J.Q.U., Thompson, John Beck, and Jim Blute—even as many as four at one time.

I think none of us regrets our years at Shattuck Street—but I for one wish fervently that I had paid more attention to Tropical Medicine and Parasitology! It is really surprising in some ways how much "carry over value" there is from our training in rather ideal surroundings to the practice of medicine under what are rather primitive if not harrowing circumstances at times.

The enclosed snap is probably of little value, but you are welcome to it. If something more durable would be helpful, let me know and it probably can be arranged.

LT. (J.G.) ROBERT W. GAGE, '42.

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Dear Mrs. Wilson:

I have meant for some weeks to write you of the news of many of the Medical School Graduates but have failed to do so until this, the eve of my departure for a distant part of the country. I have been working here at Walter Reed General Hospital for about four months now in neurosurgery and have had an excellent time of it, lots of experience and a great variety of very interesting cases, plus the

daily changing interest of the nation's capital in war time. Today I received orders which I have been waiting for for some weeks to go to the McCaw General Hospital in Walla Walla, Washington. It is one of the neurosurgical centers in the Army and I will be stationed there, presumably for some time, on the neurosurgical service. It is a very fine opportunity in a good hospital where there is plenty to do and I am anxious to get there.

Don Matson has been here on the neurosurgical service, too. He is permanently assigned here (in so far as anything is permanent in the Army). We worked together all through Medical School, then were together at both the Brigham and the Children's Hospitals. Now we have had a good term together in the Army in neurosurgery. I think you have the information that he married Miss Dorothy Everett in Montclair, N. J. She is a very fine girl and they are very fortunately situated here. Don is a 1st lieutenant in the Army.

Also here in my class is Walter Kemp, a full lieutenant in the Navy, who is taking the Navy course in tropical medicine at Bethesda (as I think you noted in the last MEDICAL ALUMNI BULLETIN). He is also married, to the former Miss Joan Lodge of Minneapolis. I have also seen Bob Farrington, a full lieutenant in the Navy, who is stationed here after a long tour of sea duty, decorated with many stars on ribbons on his chest. Branch Craige has been here to visit us in the last month. He is stationed with the Ferry Command in a station hospital (where he is one of the chiefs of the medical service) at New Castle Army Air Base, Wilmington, Del.

There are many other Harvard Medical School Graduates either stationed here or near here whom I have seen. To mention a few: Capt. Joseph Hamilton, '32 is one of the assistant chiefs of the surgical service here; Lt. Col. Glen Spurling, '23 is chief of the neurosurgical service here; Dave Greely (Class of 1938) is working in the Surgeon General's office and has recently been a patient for a short while in Walter Reed. There must be others, but they seem to slip my mind for the moment.

I shall write you again if I have news of alumni from Walla Walla. In the meantime, Merry Christmas.

By the way, did you see in the November issue of the Bulletin of the U. S. Army Medical Department an article by a fellow named Marks on the experiences in New Guinea of a portable surgical hospital? It is an interesting account and is good reading about two of the Medical School Graduates, Capt. J. B. Campbell (now Major) and Capt. Fred Ross (Class of '39) who were with the hospital.

CAPT. EBEN ALEXANDER, JR., '39.

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To the Editor:

I have just been detached from duty as Medical Officer in Command of the Naval Hospital, Great Lakes, Illinois, after four years and five months and reported November 5 to the Bureau of Medicine and Surgery, the Office of the Surgeon General of the Navy, for duty as Chairman of the Post War Planning Board and in charge of the Washington Office of the Materiel Division of the Bureau, at present located in Brooklyn, N. Y.

CAPT. WILLIAM EDWARD EATON, '04.

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Dear Mrs. Wilson:

Have just had the June issue of the HARVARD MEDICAL ALUMNI BULLETIN forwarded to me and in so far as my military status was not determined when the questionnaire cards were sent out last winter am forwarding this information now as you currently request.

In March of this year I was granted a leave of absence from my teaching appointment as Associate Clinical Professor of Medicine at the University of California and as Chief of the Medical Service of Mt. Zion Hospital in San Francisco to join the service.

After the course at Carlisle I have been at work as Chief of the Medical Service at the Station Hospital at Lowery Field, Colorado. This is under the Technical Training Command of the Army Air Forces and the service has been very active.

MAJOR JOHN J. SAMPSON, '20.



Tom Bonney

Thomas Sparks Bonney was born in Philadelphia, of Plymouth Colony-Huguenot stock. He died of phthisis at his home in Arlington, November 3 last, aged 82. He left three daughters: Dorothy G. Bonney, D.M.D.; Therese Bonney Thomas, D.M.D. and Mrs. Florence B. Webster; a grandson (Harvard '39) and a great-grandchild. His late brother, H.M.S. '98, gave the Robert Bonney Scholarship to the School.

Tom's place on the roll of the Medical School was diener in anatomy. His place in its heart was high. Indeed, if you multiply his 47 years in the school ('92-'39) by what the schoolmen thought of Tom, you reach the illogical calculation that one of the most beloved of the whole faculty wasn't a member of the faculty.

But, however illegitimate in the eyes of the President and the Fellows, Tom was faculty. Like the legendary dieners of Vienna he sometimes seemed to run the department. Tom had been a first sergeant.

Also he was a musician, professionally and variously playing violin, bass viol, saxophone and clarinet. But beyond music and Masonry, Tom's real hobby was his boys. Students meet the professor as "Sir" and in time he may become "Jim." They meet the diener as "Tom" and "Tom" he stayed. But, for the discerning, time made him "Sir" in addition. Tom became a tradition not because he was a character but because he had character. The tradition began in that crusty kindness on which boys leaned during the amazements of their first plunge into anatomy. It continued in the welcome he held for them after they had flunked or achieved the eminence of second year. It reached through fourth year, residency and life, and it met their sons when their sons met anatomy.

Tom's room was the general store of the Medical School. That stately bandsaw which turned humanity into cross sections served as cracker barrel. Here, dropping in like yourself, you would meet Cushing or Cheever or Begg, Mosher preparing a Friday night, Lewis or another professor descended from subtectal sanctum and the old grad back from professorship or practice.

The talk, at this Salon of the Bandsaw, wasn't wind. And Tom wasn't background. Unobtrusively, he presided. On occasion he lectured, for he had a fund of useful anatomy. His forte was bony variation, and X-ray man and orthopod waited upon his decision between anomaly or disease. Tom's pride was his large contribution to Dwight's "Variations of the Bones of the Hand and Foot."

But if an inspissated osteology was his specialty, kindness was his genius. Friendship more than anatomy filled the Bandsaw Salon: his boys chiefly came back for a pipeful from Tom's pouch. One of the oldest and wisest of the "boys" called Tom's room "the house of kindness." He was thinking of P'tah-hotep: "Live in the house of kindness and men will come and give gifts of themselves."

JOHN M. FALLON, '23.

